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1265 Arthur Street East, Suite 407
Thunder Bay, Ontario P7E 6E7

Date:.....Appointment Time:
(by appt. only)

Name:.....

Address:.....

..... Phone:

Birth Date: Health Card #:

Doctor/RNP/Midwife:

AREA TO BE EXAMINED

- | | | |
|--|--|--------------------------|
| <input type="checkbox"/> A) Abdomen Complete | Obstetrics | <input type="checkbox"/> |
| <input type="checkbox"/> B) Abdominal Scan Limited/Follow-up | H) Pregnancy 18-22 wk Anatomy | <input type="checkbox"/> |
| <input type="checkbox"/> 1) Aorta | I) Pregnancy Limited | <input type="checkbox"/> |
| <input type="checkbox"/> 2) Gallbladder | 1) Detection fetal life | <input type="checkbox"/> |
| <input type="checkbox"/> 3) Liver | 2) Fetal growth | <input type="checkbox"/> |
| <input type="checkbox"/> 4) Pancreas | 3) Missed anatomy | <input type="checkbox"/> |
| <input type="checkbox"/> 5) Spleen | 4) Placenta localization | <input type="checkbox"/> |
| <input type="checkbox"/> 6) Kidney | 5) Cervix length | <input type="checkbox"/> |
| <input type="checkbox"/> 7) Hernia/Abdominal Wall | J) Nuchal Translucency (IPS Part 1) | <input type="checkbox"/> |
| <input type="checkbox"/> 8) Other (specify) | K) Biophysical Profile | <input type="checkbox"/> |
| <input type="checkbox"/> C) Thyroid | L) Dating | <input type="checkbox"/> |
| <input type="checkbox"/> D) Scrotum | M) Amniocentesis | <input type="checkbox"/> |
| <input type="checkbox"/> E) Urinary Tract | N) Musculoskeletal | <input type="checkbox"/> |
| <input type="checkbox"/> F) Pelvic, Complete + Transvaginal | Shoulder R__L__ | <input type="checkbox"/> |
| <input type="checkbox"/> G) Sonohysterography - Saline Infusion | Knee R__L__ | <input type="checkbox"/> |
| | Ankle/Foot R__L__ | <input type="checkbox"/> |
| | Specify _____ | <input type="checkbox"/> |
| | O) Other _____ | <input type="checkbox"/> |

Clinical Information DLNMP/EDC

Verbal Report Doctor's/RNP's/Midwife's Signature: _____

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHG Program website:
<http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>

APPOINTMENT:

Date:.....

Time:.....

PLEASE be on time for your appointment.

CONFIRM your appointment two (2) working days in advance.

UNCONFIRMED OR LATE APPOINTMENTS MAY BE CANCELLED

CONFIRMED APPOINTMENTS THAT ARE NOT KEPT WILL BE CHARGED AT THE CURRENT ONTARIO MEDICAL ASSOCIATION RATE.

PATIENT PREPARATION

CHILDREN:

two (2) years to twelve (12) years

Follow adult preparations but drink only 2 glasses of water to fill bladder.

PELVIC, PREGNANCY, LESS THAN 13 WEEKS, URINARY TRACT, PROSTATE

DO NOT EMPTY your bladder for 2 hours before exam **if absolutely necessary, bladder may be partially emptied.** Transvaginal scans are a common part of female pelvic ultrasounds.

PLEASE DO NOT BRING YOUNG CHILDREN TO YOUR EXAM

PREGNANCY, 13 TO 40 WEEKS

No preparation. Please empty bladder before exam.

SONOHYSTEROGRAPHY

No preparation. Empty bladder.

ABDOMINAL EXAM

DO NOT EAT for eight (8) hours prior to the exam. Clear fluids allowed. No milk, cream or carbonated beverages.

KIDNEYS ONLY

No preparation.

ABDOMEN AND PELVIS

Do not eat for eight (8) hours prior to exam. **DO NOT EMPTY BLADDER for 2 hours before exam NO ALCOHOL OR CAFFINATED BEVERAGES.**

READ ULTRASOUND REGULATIONS:

1. Due to the length of the examination it is not recommended that patient comes alone with small children.

2. The sonographer is not in position to give patient results of the scan. The results will be obtained from the doctor/practitioner who ordered the scan.

3. Pictures and CDs of pregnancy studies/babies can be purchased for a fee.